

Name
in
Full

William C Broadwater

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

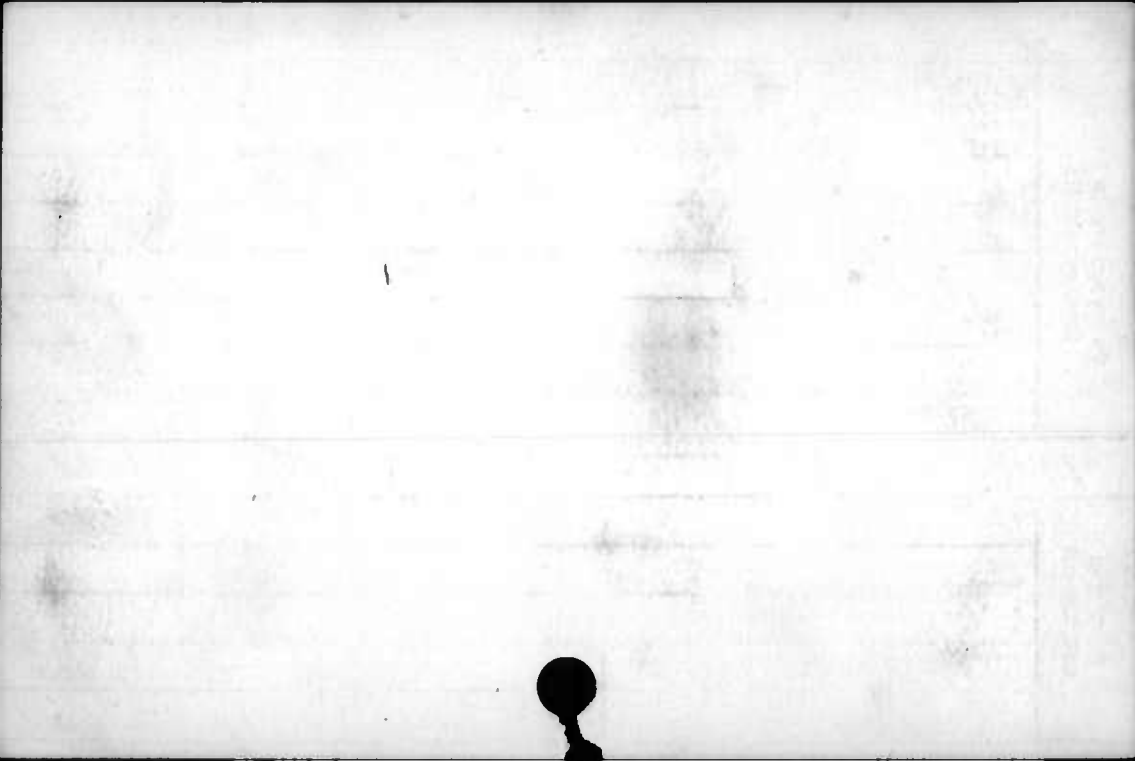
Died at		Town Grantville		County Garret		MARYLAND	
Date of death		190	7	Month Feb.	Day 9	Age 94	Years 4
Sex		Male		Color or Race White		Birth-place Westminster, Md.	
Occupation Farmer				Where Residing if not at place of death Grantville, Md.			
Married, Single or Widowed		Widower		Name of Wife or Husband Katharine Warnick			
Father's Name Chas. Broadwater				Father's Birthplace Dying			
Mother's Maiden Name Mollie Brown				Mother's Birthplace Dying			
Name of person giving information Silas Broadwater				How related to deceased Son			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	General debility		How long	One Year
Immediate	Saw break down of urinary tract		How long	3 months
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician H. T. Johnson	
			Address Grantville, Md.	
Accident or Suicide?		No.		



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CERTIFICATE OF DEATH

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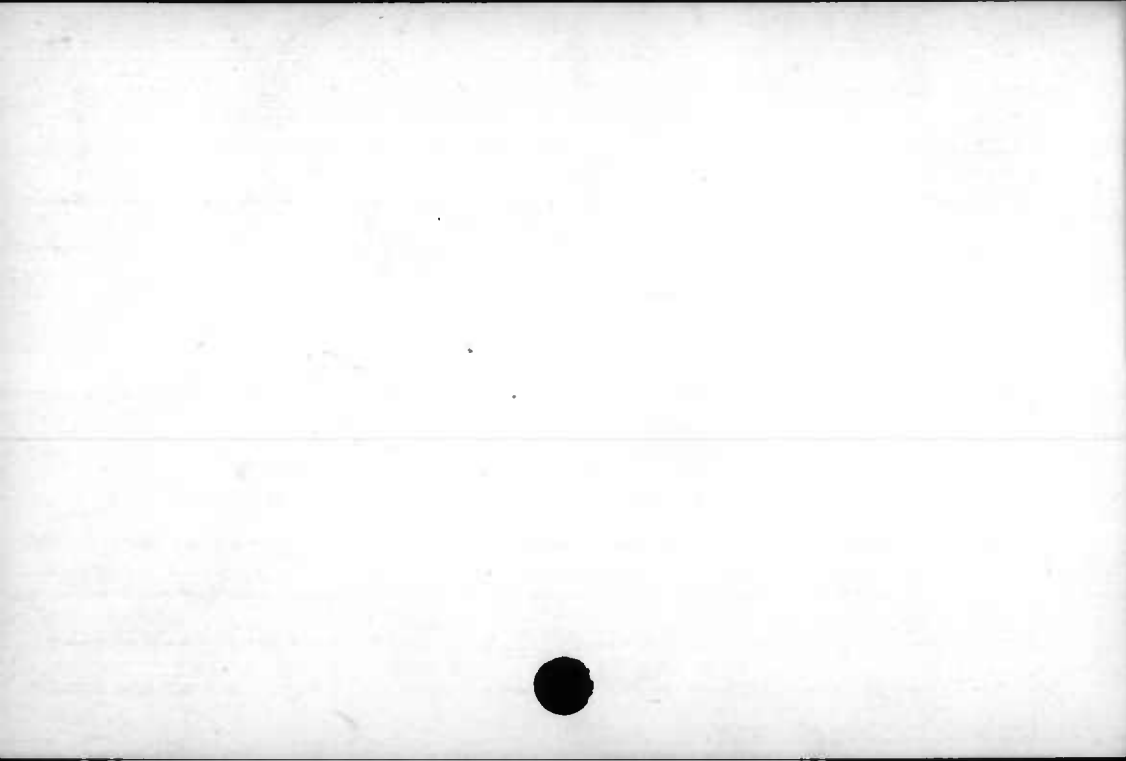
Died at <i>Coxeand</i>		Town <i>Coxeand</i>		County <i>James</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>2</i>	Day <i>8</i>	Age	Years <i>1</i>	Months <i>16</i>	Days
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>md</i>				
Occupation <i>✓</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>✓</i>	Name of Wife or Husband						
Father's Name	Father's Birthplace						
Mother's Maiden Name <i>Nellie Deunmore</i>	Mother's Birthplace <i>md</i>						
Name of person giving information <i>Mother</i>	How related to deceased						

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. C. Shurtough</i>
	Address <i>Coxeand md</i>
Accident or Suicide?	



Name
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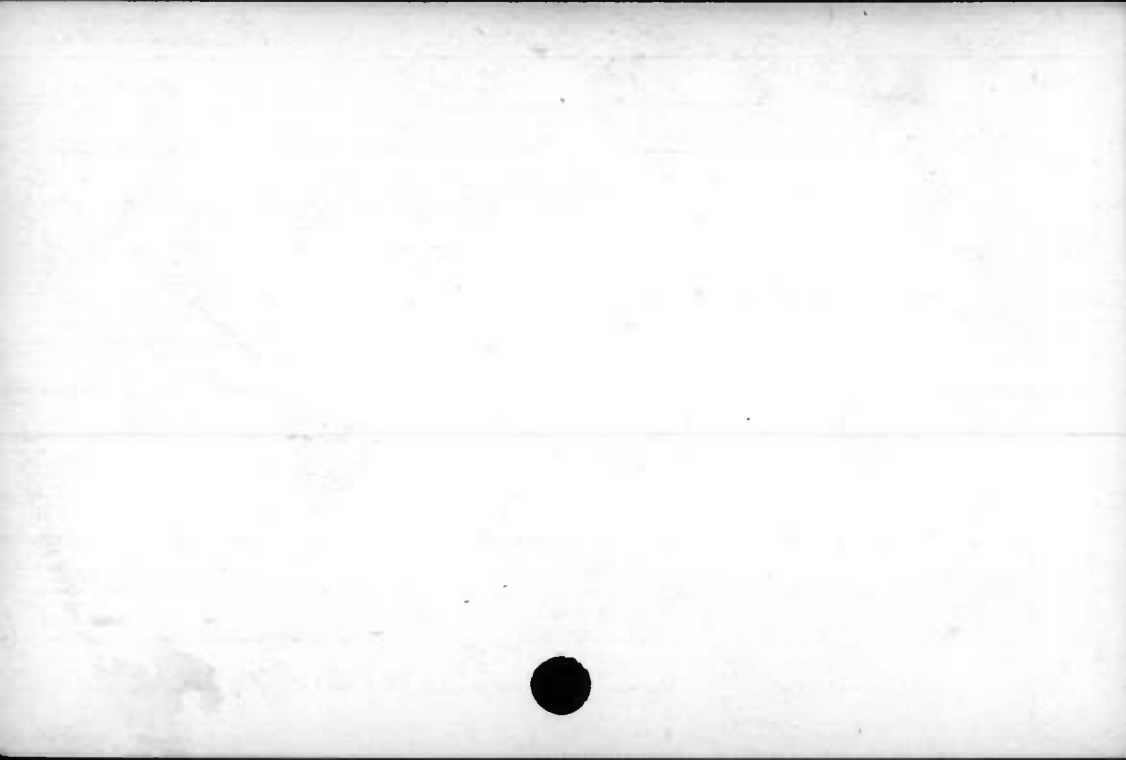
Name in Full <i>Mary Gelpie</i>		Town <i>Mt. Lake Park</i>		County <i>Garnet</i>		MARYLAND	
Died at <i>Mt. Lake Park</i>							
Date of death	1907	Month	Feb	Day	23	Age	60
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place		—	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband					
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information <i>Daughter</i>						How related to deceased	

CAUSES OF DEATH

(54)

PHYSICIAN
OR CORONER

Primary	<i>Progressive Pernicious Anemia</i>	How long	<i>6 months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. C. Humberg</i>	
		Address <i>Oakland Md</i>	
Accident or Suicide?			



Name

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CERTIFICATE OF DEATH

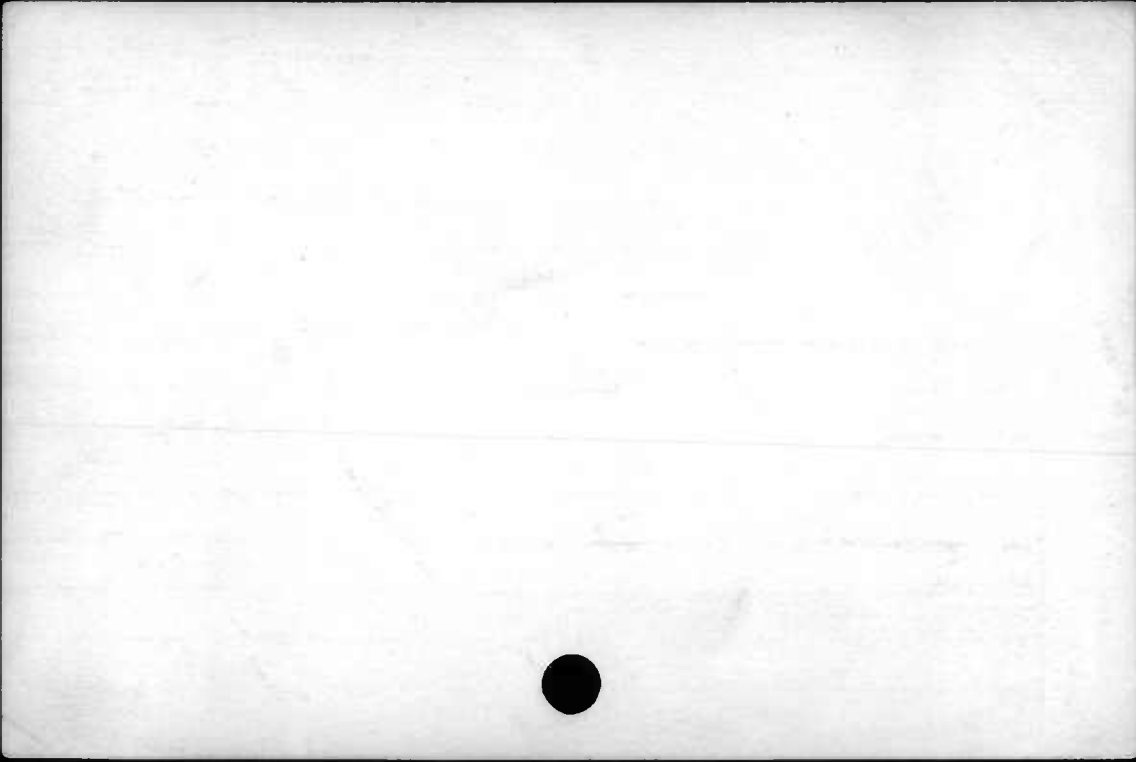
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John G. Georg</i>		Town <i>Come</i>		County <i>Essex</i>		MARYLAND	
Died at <i>Come</i>		Month <i>7 Feb</i>		Day <i>22</i>		Years <i>85</i>	
Date of death <i>1907 Feb 22</i>		Age <i>85</i>		Months <i>7</i>		Days <i>12</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Come Md</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Catharine Georg</i>					
Father's Name <i>George</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>William Georg</i>		How related to deceased <i>Son</i>					

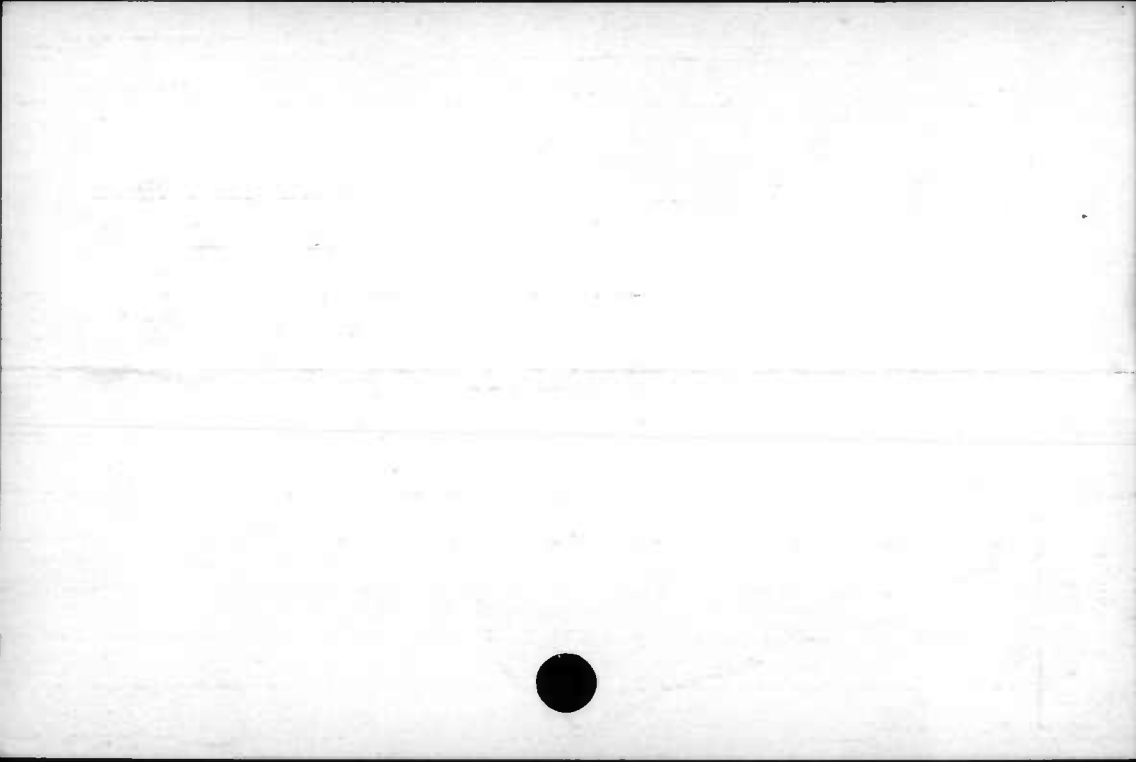
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>(10)</i>
Immediate <i>Syphilis</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H.R. Bayer M.D.</i>
	Address <i>Accident Md</i>
Accident or Suicide?	



Name in Full		Hamill				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Deer Park		Garrett		MARYLAND	
	Date of death	1907	Month Feb	Day 2	Age	Years	Months Days
	Sex	Boy		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death		Deer Park	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Hugh L Hamill		Father's Birthplace		Garrett Co - Md	
	Mother's Maiden Name	Florence O'Brien		Mother's Birthplace		Garrett Co - Md	
Name of person giving information	Florence Hamill		How related to deceased		Mother		
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Still Birth			How long Dead several days		
	Immediate				How long before birth		
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician J. A. Cole		
	Address				Deer Park, Md		
Accident or Suicide?							



PHYSICIAN
OR CORONER

Charles McClow Kissner

CERTIFICATE OF DEATH

Died at near Sang run ^{Town}

County
Garrett

MARYLAND

Date of death 1907

Monthly

Day *H*

Age _____ Years _____

Months
10Days
16

Sex *male*

Color or Race *white*

Birth-place Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Walter Kissner

Father's Birthplace

And

Mother's
Maiden Name

Lillian Thomas

Moths
Byenplace

Pa

Name of person giving
In formation

Walter Kissner

How related
to deceased

ed
ed *Heather*

CAUSES OF DEATH

(60)

Primary

Brain fever and tests

How long

3/02/22

Immediate

Are the name, age, sex, color, date
and place correctly given above?

gas

Signature of Physician

Wm. H. Hunt

Address

Thundersville Ind

Accident or Suicide?

Local Board of Health

John Thiercke

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

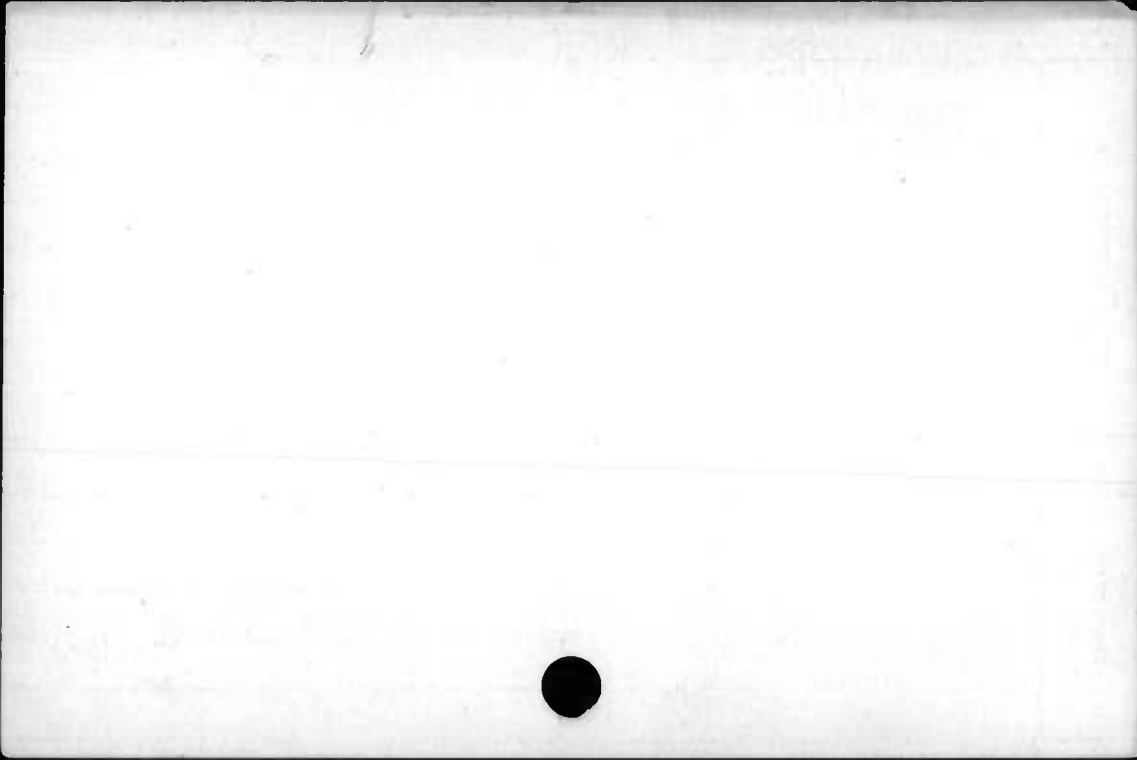
Name in Full <i>Catherine Kolbfleisch</i>		County <i>Garrett</i>		MARYLAND	
Died at <i>Summitville Md.</i>					
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>20</i>	Age <i>72</i>	Months <i>10</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Core md</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Summitville Md.</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Andrew J Kolbfleisch</i>				
Father's Name <i>Jacob Bauer</i>	Father's Birthplace <i>Garrett Co Md</i>		Mother's Birthplace <i>Allegheny Co Md</i>		
Mother's Maiden Name <i>Elizabeth Swartz</i>	How related to deceased <i>Son-in-law</i>				
Name of person giving information <i>John Miller</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Had Paralysis</i>	How long <i>2 Years</i>
Immediate <i>Gen. break down</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. J. Robinson</i>
	Address <i>Summitville Md</i>
Accident or Suicide? <i>No</i>	



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Abner Frederick Miller
Town *McHenry* County *Gorred*

MARYLAND

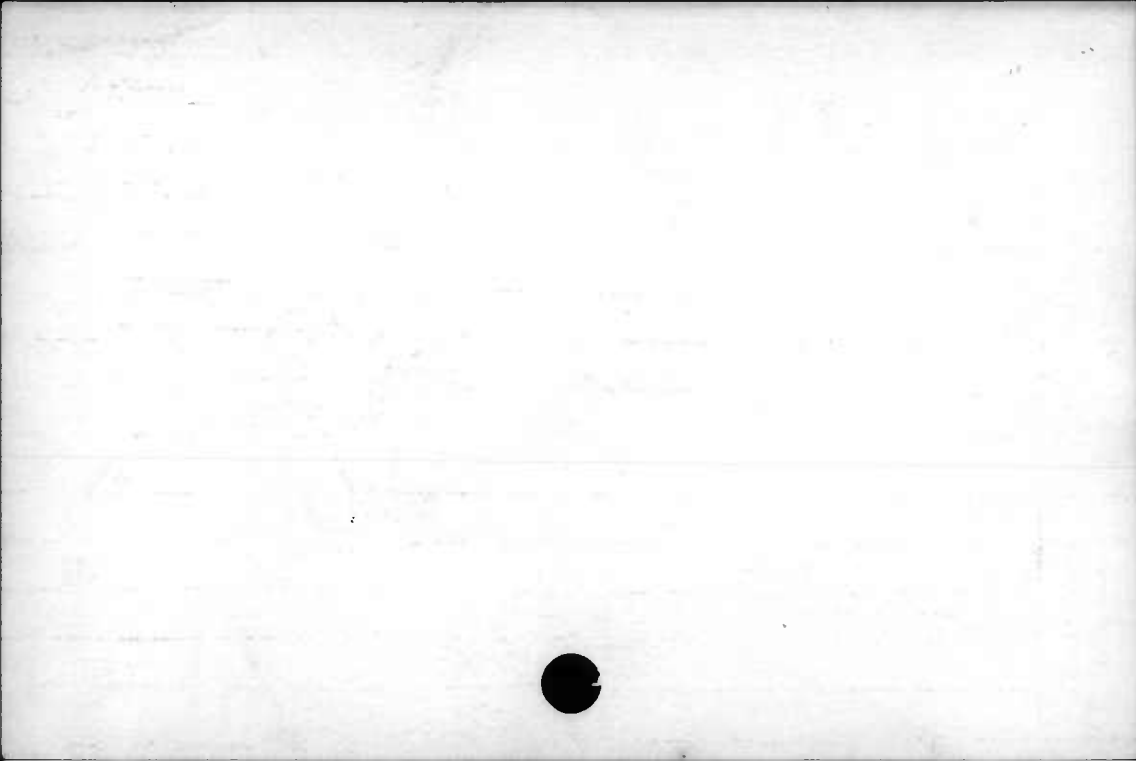
Died at *McHenry*
Date of death *1907 Feb 11* Age *65* Months *5* Days *26*
Sex *male* Color or Race *white* Birth-place *McHenry Md*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *Thomas C Miller* Father's Birthplace *W.D.A.*
Mother's Maiden Name *Rosa Shank* Mother's Birthplace *Md*
Name of person giving information *Thomas C Miller* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Membranous* How long *24 hrs*
Immediate *Membranous* How long *24 hrs*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *W.R. Boyer M.D.*
Address *Accident*
Accident or Suicide? *md*



Name
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Julia Anna Miller

CERTIFICATE OF DEATH

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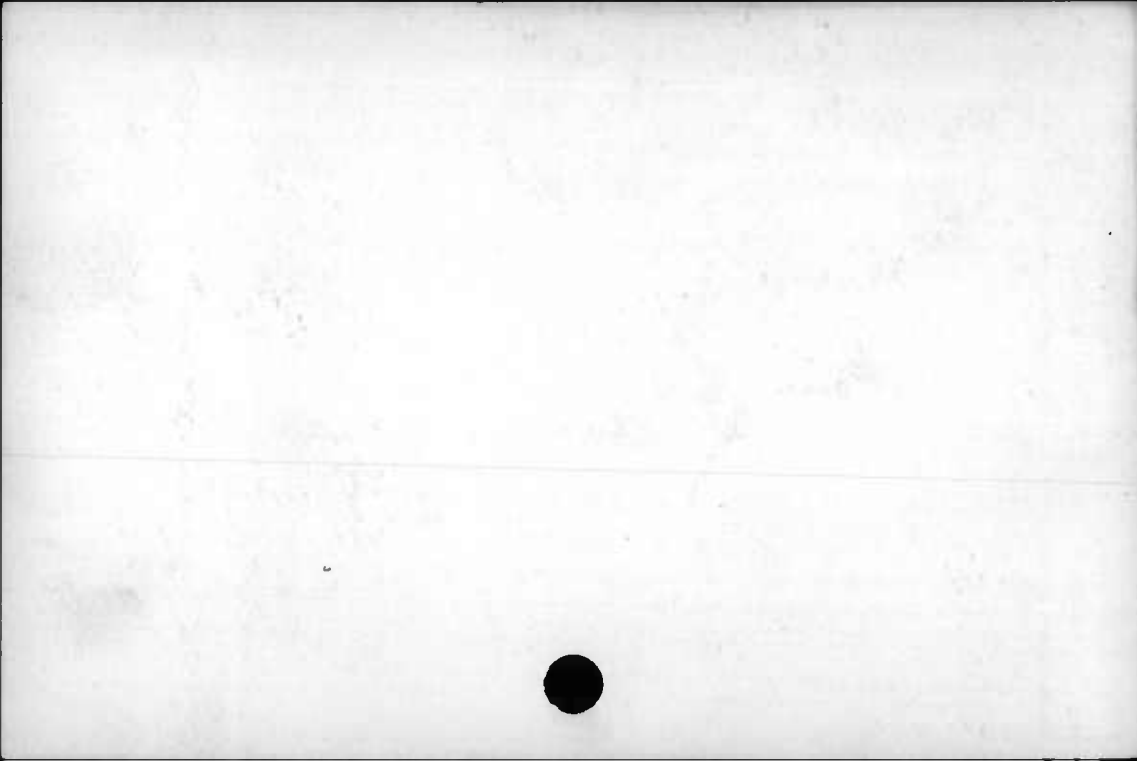
Died at		Town Greenterville		County Garrett		MARYLAND	
Date of death		190	Month 7	Day 23	Age 57	Years 3	Months 27
Sex Female		Color or Race White		Birth-place Baltimore Md			
Occupation Housewife		Where Residing if not at place of death Greenterville Md					
Married, Single or Widowed Married		Name of Wife or Husband Christ P. Miller					
Father's Name John Bettinger		Father's Birthplace Ireland					
Mother's Maiden Name Agnes Rucker		Mother's Birthplace Ireland					
Name of person giving information John Stork		How related to deceased Brother-in-law					

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary	Carcinoma of Breast	How long	5 months
Immediate	Cancerous of Stomach & Bowels	How long	15 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. T. Robinson M.D.	
Address		Greenterville Md	
Accident or Suicide?		No	



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Truman F Root

Died at ^{Town} near Elder^{County} Garrett

MARYLAND

Date of death 1907 Feb 7

Day 14

Age 45

Months 1

Days 21

Sex male

Color or Race white

Birth-place New York

Occupation Farmer

Where Residing if not at place of death

Elder Md

Married, Single or Widowed married

Name of Wife or Husband

Emma Morgan Root

Father's Name Truman Root

Father's Birth-place Ligea Co. Pa

Mother's Maiden Name Ellen

Mother's Birth-place on ocean

Name of person giving information B. A. Liston

How related to deceased none

CAUSES OF DEATH

176

Primary Stab wound

How long

Immediate hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

yes

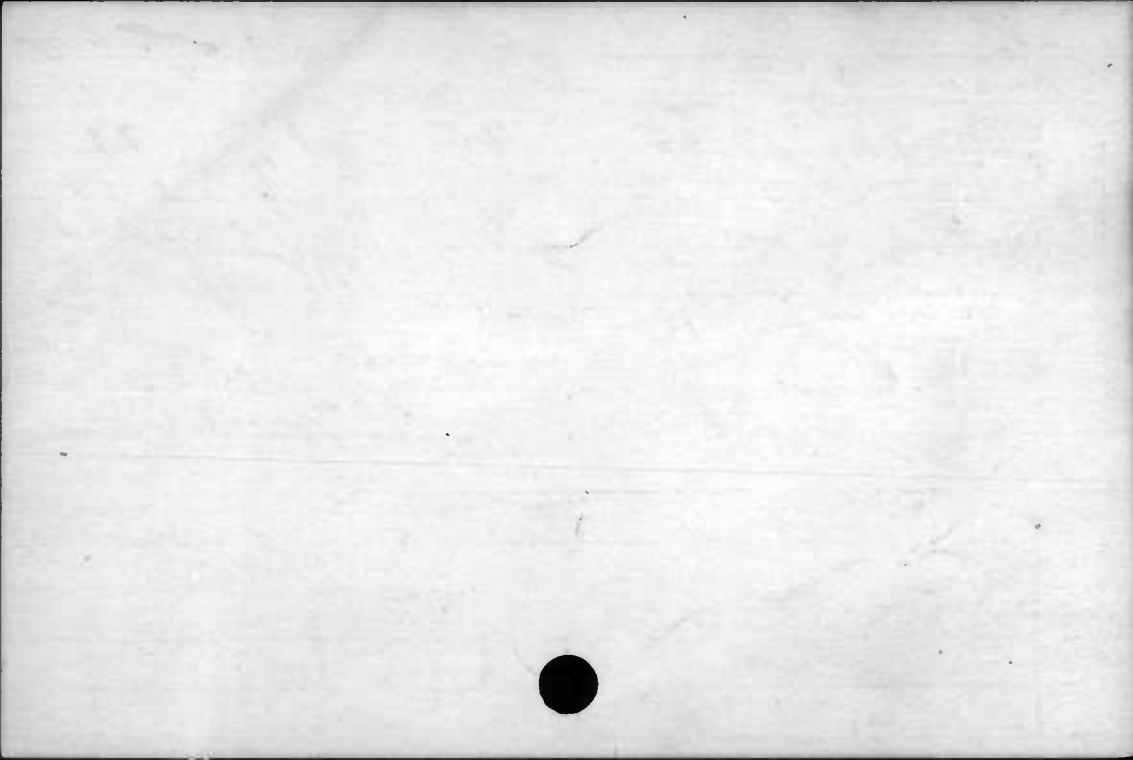
Signature of Physician

A. J. Mason

Address

Frederickville

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Dorland* TownCounty *Yorck*

MARYLAND

Date of death *1907* *Feb* *13* Month DayAge *about 87* Years

Months

Days

Sex *male*Color or Race *white*Birth-place ☒Occupation */*

Where Residing if not at place of death

Married, Single or Widowed ☒

Name of Wife or Husband

Father's Name */*

Father's Birthplace

Mother's Maiden Name */*

Mother's Birthplace

Name of person giving information *Mrs Mary Ubundrey*How related to deceased *2nd relation*

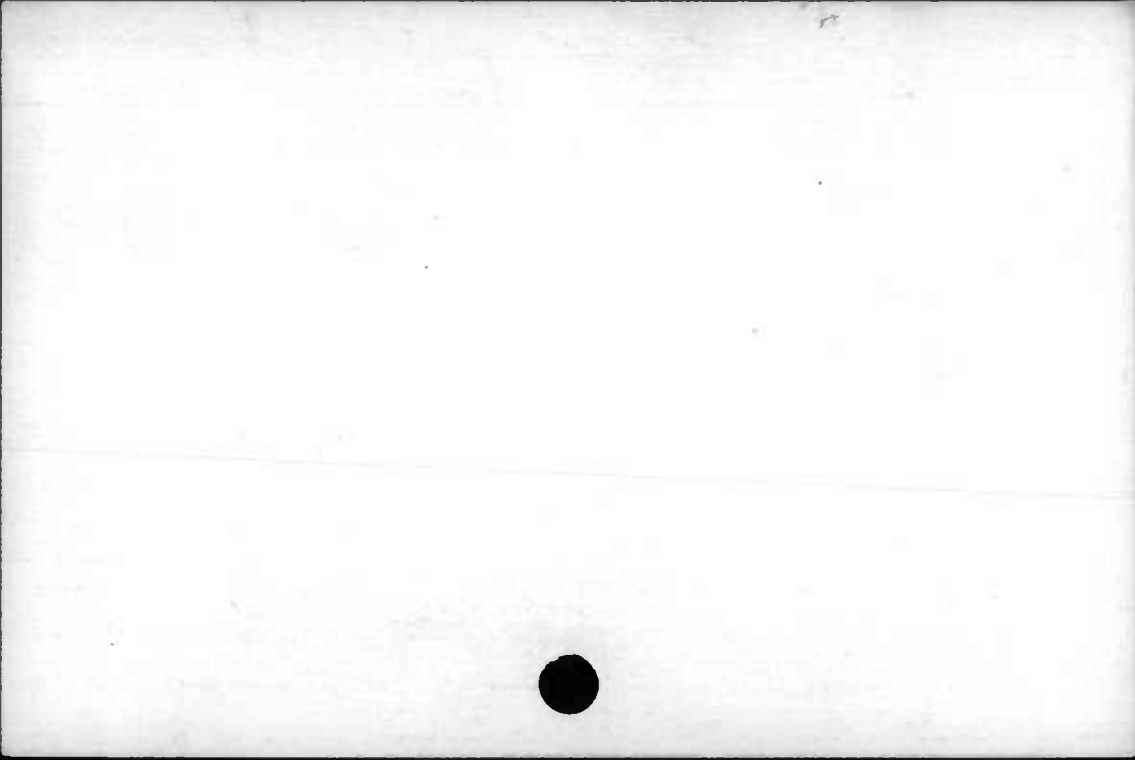
CAUSES OF DEATH

*102*PHYSICIAN
OR CORONERPrimary *Lodgment of bone in Esophagus*How long *2 days*Immediate *Pneumonia*How long *2 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *M. C. Shuebaugh*Address *Dorland Md*

Accident or Suicide?



Name
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Henry Stark

CERTIFICATE OF DEATH

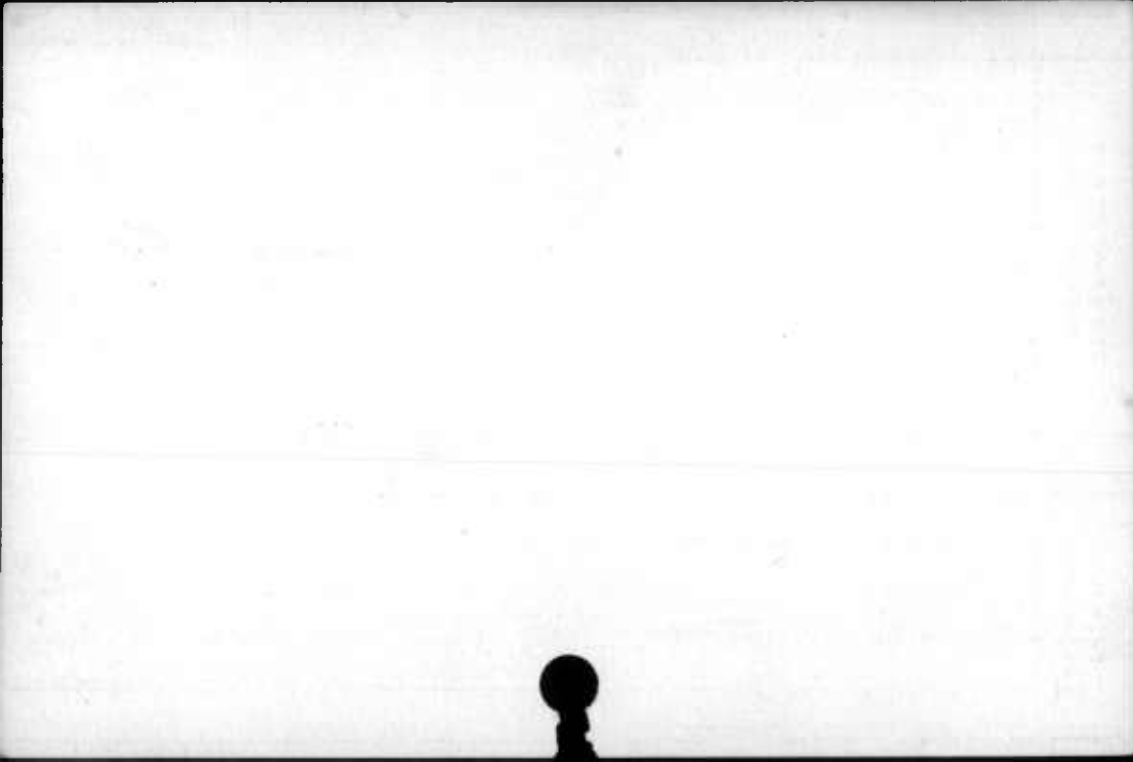
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Grantonville		County Garrett		MARYLAND	
Date of death		1907	Month Oct	Day 17	Age 80	Years	Months 9
Sex Male		Color or Race White		Birth-place Ireland		Days 7	
Occupation Farmer				Where Residing if not at place of death Grantonville Po.			
Married, Single or Widowed Widowed		Name of Wife or Husband Catharine Tetes					
Father's Name John Stark				Father's Birthplace Ireland			
Mother's Maiden Name Catharine Cook				Mother's Birthplace Ireland			
Name of person giving information Hesley Hare				How related to deceased Son-in-law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tubercular Ankle	How long	2 Years
Immediate	General infection	How long	2 Months
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. J. Potvin	
		Address Grantonville Md	
Accident or Suicide? No			



Name in Full		Tasler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Swanton		County		MARYLAND	
	Date of death	1907	Month	Feb.	Day	19	Age
	Sex	Male		Color or Race	white		Birth-place
	Occupation	Infant		Where Residing if not at place of death		when it was born	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Osbourne Tasler				Father's Birthplace	md
	Mother's Maiden Name	Malinda Switzer				Mother's Birthplace	md
Name of person giving information	Osbourne Tasler				How related to deceased	father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	bold				How long	about 7 days
	Immediate	Icterus				How long	
	Are the name, age, sex, color, date and place correctly given above?				yes	Signature of Physician	
						Address	
	Accident or Suicide?					Swanton md.	

